

NURSING THE ELDERLY - DO THE NEEDS OF THE ELDERLY DIFFER ?

T. Stephens

"The golden age is before us, not behind us" St. John.

Needs/ wants motivate one to act for their fulfilment. These are classified into three groups, physical needs to nurture our human body in a state of health, the second psycho- social ones which promote stable personality and maintain harmonious relationships with our brethren and the third, spiritual ones which contribute to vertical & horizontal peace & love.

Dissatisfaction of the basic needs creates tension & frustration. Needs vary in intensity and in the process meeting them, in different age groups.

The elderly with their enriching past lives or facing rough weather, need patience, gentleness, understanding, genuine interest by their dependents / carers. Some of the aged may be privileged to have proper attention and meet their needs while other unfortunate ones may be neglected and become a liability on the society, leading a life of misery & loneliness.

The physical, psycho-social needs of elderly do vary from those of the younger ones. They require an unprejudiced attitude, sympathy, acceptance and a spirit of tolerance from the carers / their dear ones.

"Do not think of retiring from the world until the world will be sorry that you retire". Samuel Johnson.

OLD AGE-GERIATRIC NURSING

Old age is an inevitable reality and is a community need. This is psychological state not a disease to be cured, with rapid scientific developments improving the health practices and better standards of living, the life expectancy in many a country including ours has improved.

In old age, people need to be protected from accidents, infections and disabilities. As the old age advances certain changes take place, skin gets wrinkled,

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memory is impaired, cessation of menstruation in women. In men sexual activity diminishes, emotion, irritability, jealousy and dependency can be noticed.

Older people often suffer from illness such as bronchitis, arthritis, avitaminosis, gastro intestinal disorders, rheumatism, diabetes, skin disorders and depression restricting their social activity. One feels isolated and a liability on many others, doubts God's love and worries about death and life after death. The health care providers can suggest the following to the elderly and their family members:

Decide where and how to lead the remaining life; continue to have supportive, close, warm relationship with the spouse or close relatives; to have a safe, comfortable dwelling according to one's economic status; maintain a high degree of health, physical and emotional, by getting regular health examinations and needed medical and dental care, eating balanced diet and maintaining good personal hygiene; maintain contact with children, grand children and other kinsmen, finding emotional satisfaction with them; cultivate new interests and pursue former activities in order to gain status recognition and feeling of being needed; work out a significant philosophy of life; finding comfort in a philosophy or religion; adjust living standards to retirement, income, supplement income with remunerative activities.

Many of the aged are reluctant to go to institutions for the care of the aged. Thus, family care is encouraged. In some countries besides financial help, supervision of care in the family is given by social workers, Nurses and allied professionals to lessen the strain on the family members, community approach and maintenance of health and their independence.

Health education is directed towards primary, secondary and tertiary levels. Primary health education is provided for the prevention of disease or injury and promotion of positive health.

Elders are encouraged to participate in the activities that are beneficial to health and to avoid those that are injurious. Secondary one is concerned with early detection of signs of ill health and timely intervention and care.

Tertiary one is given following disease or injury to encourage to individual to return to independent existence as far as possible. They are encouraged to reduce intake of alcohol and to give up smoking.

Opportunities for health promotion are very many, such as good housing, balanced diet or education to adopt in the home environment to counteract disability if any, and cleanliness improves health.

Care of the aged is very important for the Nurses, to gain knowledge, nursing skills and right attitude in order to give skilled nursing care to the community. She should assess the immediate and long term needs or problems of the aged and their families always face, supporting, advising and guiding, she should further plan with the family in providing the total care including rehabilitation.

The Nurse should guide the families to develop a favourable attitude in situations of illness rather than to consider the old as a liability. Nurses could be a liaison between the agencies families, the aged and other sources in seeking job placement or placement of the aged in old age homes.

I conclude with a note of distress that with a rise in the number of elders in the community, very little is being done in planning and providing care for the aging population.

There should be an increase in the awareness and develop desirable attitudes in this area of concern among Nurses, care providers and the community at large. There should be an upliftment in the knowledge and participation in research on aging and the age related physical and mental disorders. It is to be remembered that the aged are included in the population at risk.